



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
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DEPARTMENT OF HUMAN SERVICES  
EUGENE I. GESSOW, DIRECTOR

## INFORMATIONAL LETTER NO. 775

**DATE:** January 13, 2009

**TO:** Iowa Medicaid Federal Qualified Health Center (FQHC)  
and Rural Health Clinic Providers (RHC)

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise

**RE:** Billing of Mental Health Services

The purpose of this informational release is to remind FQHCs and RHCs of the proper protocols used to bill mental health services provided to Iowa Medicaid members. These protocols are the same as those used by all other providers billing mental health services for Iowa Medicaid members.

### **Billing for Iowa Plan Enrollees**

For members enrolled in the Iowa Plan, most mental health services are billed to Magellan Health Services. Magellan Health Services is contracted with the Department of Human Services to provide coverage for mental health services.

An exception to billing Magellan Health Services for mental health services is outlined in the charts below. Chart A is a list of services that can be billed in conjunction with the diagnosis codes in Chart B. These combinations are billable to the IME. All other mental health services should be billed directly to Magellan Health Services.

### **Chart A**

99201-99215	Office Evaluation ( <i>used by Physician/ARNP</i> )
<b>T1015</b>	<b>FQHC &amp; Rural Health Clinic office evaluation</b>
H0033	Brief visit with administration of a psychotropic drug ( <i>Physician</i> )

### **Chart B**

Mental Health Diagnoses
290.00-302.9
306.00-309.00
311.00-314.99

The above services can be billed for a **TOTAL** of 12 visits per calendar year (for all provider categories). Twelve visits of EACH code are not payable per year.

**Billing for Members not enrolled in Iowa Plan**

All mental health claims for members not enrolled in the Iowa Plan are billable to the IME. Providers need to make sure they are enrolled as mental health providers with the IME before they provide services to members not enrolled in the Iowa Plan. Enrollment as a provider with Magellan Health Services is not the same as enrollment with the IME. Providers also need to be aware that the IME does not cover the full array of services that are covered under the Iowa Plan.

**No more need for the U3 Modifier**

FQHC and RHC providers should discontinue the use of the U3 modifier to distinguish mental health services. The IME now looks at the diagnosis code and procedure code combination to determine mental health services. When the billed service is not included in the above chart combinations or when the number of services exceeds 12 per calendar year, then the claim will be denied by the IME. Those claims should then be billed to Magellan Health Services.

To expedite claim payment and referral processes, providers should determine whether the IME or Magellan Health Services is responsible for the claim before the service is provided. A lack of referral from Magellan Health Services or billing to the wrong company may cause denial or delay of payment.

The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members. If you have any questions, please contact IME Provider Services, telephone 1-800-338- 7909, locally 515-725-1004 or by e-mail at: [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).